

Annex B to Item 5

Different business models of osteopathic practice that new graduates could enter when first starting out in practice.

Business Model	1	2	3	4
Key features of model	Employed ¹ model with annual appraisal conducted	Employed model, ² created because of own experience as a newly qualified osteopath of feeling unsupported and exhausted, so wanted to create an environment centred around supportive development of practitioners and a good space for patients.	Self-employed model with clear scale of progression for associates	Franchise group, which provides principals with a template for best practice in business start-up. ³
Ongoing support and mentoring provided to newly qualified osteopaths	6-week programme consisting of: Shadowing experienced osteopaths for first two week	12-week induction Training provided in non-clinical skills and building confidence, including skills to judge how many appointments a patient might need.	New graduates make first point of contact with practice while still an undergraduate student. This then involves several casual catch ups between staff and student and includes an informal technique session with	Programme consists of the following key areas ⁴ : Expectations of practice Patient interactions How to effectively connect with patients

¹ Moved from self-employed to employed model of practice.

² Moved from self-employed to employed model of practice.

³ Support is given in legal, financial, IT skills, business development, selecting premises, and choosing equipment. Practice management system includes templates on such things as practice procedures, associate contracts, how to reconcile accounts or deal with complaints.

⁴ Based on research findings of burnout in the osteopathic profession

Annex B to Item 5

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	<p>Not seeing patients for 1-2 weeks</p> <p>Undergoing video training in communication and consent and patient safety</p> <p>Collaborative approach where newly qualified can refer patients to others inhouse if they think patient is not within their scope of practice yet</p>	<p>Newly qualified osteopaths spend a year observing other colleagues in the practice, sharing ways to practice, and depending on performance then start to build up the numbers of patients they see.</p> <p>Newly qualified osteopaths are supported to be as busy as they possibly can be.</p> <p>Set based salary in mid-upper range for employed role (based on retention data and knowledge that newly qualified osteopaths suffer from 'Diary Fright' i.e., how am I going to pay the rent seeing this few patients). This pay structure includes scales of progression-based on utilisation (i.e., how busy they are and number of patients they see)</p>	<p>colleagues within the practice.</p> <p>Based on this an associate position may be offered to the student for when they have finished their studies.</p> <p>Associates are given the opportunity to make decisions for themselves and make mistakes, as long as not too high. Encouraged to call in second opinion if associate thinks patient presentation is out of their scope of practice.</p> <p>The business model has strong relationships with healthcare and fitness professionals, which provides associates with confident referrals.</p>	<p>How to manage clinic time effectively</p> <p>How to grow and run a patient list effectively.</p> <p>How to gather patient feedback</p> <p>Awareness of protective envelope (iO/insurance) and how to support the patient should anything bad happen.</p> <p>Osteopathy's place in the whole medical system i.e., where the skill set of an osteopath sits with other medical professions, such as GP or spinal surgeon.</p>

Annex B to Item 5

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Contact time provided to newly qualified osteopaths (in addition to mentoring support)	2 hours ⁵ a week to reflect, and discuss issues concerning patient journey	Four-week rotation of team meetings, events, and speakers for practitioners.	<p>Newly qualified osteopaths are never alone in the practice building for their first six months and are encouraged to call on senior members for support/ second opinions, if and when needed.</p> <p>The practice runs on an open forum where associates are encouraged to discuss areas of improvement, such as clinics, equipment, services, and processes. They are also encouraged to contribute to an online blog.</p>	Periods of reflection, built into practice for newly qualified, with the OPS framework the DNA of how clinic works
CPD provided for newly qualified osteopaths	1 hour a week of CPD	1 hour a week of CPD, to speed up a newly qualified osteopaths learning. The model aims to get newly qualified osteopaths in 1-2 years, where most	The practice has strong links with patient groups and areas of interest which aids promotion of some of the associates.	Career structure of junior to senior posts, with Postgraduate training opportunities to work towards senior posts.

⁵ This might be reduced after 12 months in practice.

Annex B to Item 5

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		<p>osteopaths would be in 3-5 years.</p> <p>Newly qualified osteopaths also get £1,000 for external CPD, which includes pregnancy massage/paediatrics, clinical Pilates (to assist with building rehabilitation skills), medical acupuncture, shock wave therapy.</p> <p>Three-year rotation of training in first aid, communication and consent and mental health first aid.</p>	<p>The practice has an extensive reference library of resources, which associates are encouraged to use and request materials.</p>	<p>Able to provide CPD opportunities for free.</p>
Specific work	<p>Communication and interaction with patients because newly qualified osteopaths have stepped out of a college clinic environment which is centred around the experience for the practitioner rather than</p>	<p>Mentoring programme for new graduates to address gaps left after colleges have produced competent osteopaths.</p> <p>Focus on developing patient centred care skills.</p>	<p>Practice is centred around the ideological shift of exercise prescription, so there is a training studio with the aim of coupling treatment with active exercise and empowering the patient.</p>	<p>Mentoring programme for new graduates to address gaps left after colleges have produced competent osteopaths.</p> <p>Focus on developing patient centred care skills.</p>

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	<p>the patient and they need support in becoming more patient focussed.</p> <p>Developing tools for initial consultation process – letting patient tell their story, identifying patient goals and what they want to get out of treatment and treatment planning</p>			
What has worked well?	<p>Clarity on associate-principal roles.</p> <p>Time for associates to reflect and develop.</p> <p>Space to learn from mistakes.</p> <p>Removes pressure of earnings</p>	<p>Allows a team to be built, where everyone is working together, not against each other (fostering collaboration and community within the profession)</p> <p>The support and development provided to practitioners, allows newly qualified osteopaths to grow as practitioners. This also has a positive effect on staff retention.</p>	<p>Built in scale of progression where all practitioners are paid the same, earnings are based on the number of patients an osteopath sees in a calendar week. Under this model associates know that their work is valued.</p> <p>Retention of practitioners at practice is high.</p>	<p>Created environment where newly qualified can thrive.</p> <p>Model has supported clinic ownership.</p> <p>Allowed practitioners to nurture their own teams.</p> <p>Franchise model allows for greater leverage in terms of buying power to secure reductions⁶</p>

⁶ For things such as treatment equipment, training courses, or add-on therapies

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		<p>Allows for expenditure to be mapped out, as well as buy in power. Newly qualified osteopaths get to see where the money is going, which usually doesn't happen under self-employed route.</p> <p>Allows non-clinical staff to be employed.</p> <p>Ability to bring in progress scales of pay with opportunities to take on leadership roles.</p> <p>Strengthened clinic preparations e.g., know how will run clinic with set annual leave etc.</p>		<p>Practice software is unique to osteopathy</p>
<p>What has worked less well?</p>	<p>Need reasonable size practice for business model.</p> <p>Difficult to manage performance and quality</p>	<p>Struggle with newly qualified osteopaths' perceptions of being self-employed verses employed. New graduates leave education thinking they will earn more under</p>	<p>Not always easy connecting associates with clinics e.g., want the right match/appropriate graduate.</p>	<p>Made a couple of mistakes with clinic locations. Business model is not transferable everywhere.</p>

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	control when striving for clinical autonomy.	the self-employed model, when most do not, and the learning environment is poor.	Osteo Jobs doesn't really work for local community opportunities	
Concerns for wider profession	<p>Recruitment crisis</p> <p>Concerns over moving towards evidence-based education model, similar to physiotherapy</p>	<p>Cost of living crisis</p> <p>Competition from big businesses</p> <p>NHS provision taking away external osteopathy workforce.</p>	<p>Government changes relating to either healthcare or employment law</p>	<p>Recruitment crisis</p> <p>Concerns over moving towards evidence-based education model, similar to physiotherapy.</p> <p>Osteopathy being seen just as a collection of techniques.</p>